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## ORIGINAL DEPARTMENT.

### LECTURE.

#### PARALYSIS FROM PERIPHERAL IRRITATION, SO-CALLED "SPINAL ANÆMIA."

BY DR. LEWIS A. SAYRE.

Delivered at Bellevue Hospital Medical College, Sept. 23d, 1876. Reported expressly for the MEDICAL AND SURGICAL REPORTER.

I will try to make some remarks to you today, gentlemen, upon a subject of which we know nothing, or very little; being, on that very account, I suppose, one of the most important things I could bring before you, because it is a subject of which you have an opportunity of learning a great deal. It is a peculiar condition of the nervous system, producing paralysis more or less complete, sometimes complete, and a loss of co-ordinating power—the brain loses its control over the muscles—so that the patient is in a condition very much like that of a choreic child; you know that chorea has been termed, by an eminent English writer, an insanity of the muscles. The muscles act on their own account, involuntarily, and contract and extend themselves, without the controlling power of the person's brain.

This peculiar condition of the nervous system, produced by constant, persistent irritation—whether that irritation be excited at one particular part, either on the surface of the body, called *peripheral* irritation, or from some internal organ, called *central* irritation—by long continuance and persistent action, produces such an influence through the great sympathetic nerves as to reflect upon the whole system and

produce the peculiar characteristic condition, the loss of controlling power, or co-ordination, as it is called; the person cannot co-ordinate, or direct, or control the movements of his muscles; and in connection with that is produced a certain amount of paralysis.

As I say, I know very little of this subject, except from personal observation, and no author except myself has ever even referred to the subject; I only saw it in 1870 for the first time, when I described it as partial paralysis from adherent prepuce, and irritation of the glans penis in the child. Seeing a number of cases afterwards, I presumed of course it was dependent upon irritation of the glans penis as a source of irritation; but I afterward found it connected with other causes producing the same effects. Since that time I have seen the same symptoms produced by a constant irritation over the perineal nerve—in one case, by an injury of a nerve in the thumb, the constant external pressing on a nerve that produced a continual irritation which, reflecting upon the nervous system, produced a paralysis—so that I am now satisfied that a peripheral irritation in any part of the body, continued for a long time, can produce this same reflex disturbance as when it occurs on the glans penis in the male, or the clitoris in the female. In a paper that I published upon this subject, I unfortunately put in the name spinal anæmia. But I do not know whether it was anæmia or hyperæmia, and don't think you do. I only give information as far as my observation goes, simply stating the facts. But we do not know enough, as, yet, of this disease, and the exact pathological condition of the nerves. No post-

mortem has been made, and I do not know, therefore, what pathological condition of the nerves it is which produces this peculiar condition of things; all I know is, that the source of irritation that I have pointed out being removed, the symptoms subside, and perfect recovery, almost like magic, takes place.

I stated in that paper that it was anæmia, for the reason that, in some of the instances where the children lay in a horizontal posture, and the blood could be supplied better in that manner to the spinal cord, they had a partial control over their muscles: a child could put out his hand, turn his foot, and turn himself to one side or the other, and in some instances could swallow and speak; but as soon as put in the erect posture the blood seemed turned away from the spinal cord, and in an instant they would lose their power over their muscles in every direction.

It was on that account that I simply hinted that it might possibly be an anæmic condition of the spinal cord as the result of a constant priapism that continued morning, noon and night; a priapism so exhausting as to produce this paralysis. Such was my reasoning upon the subject.

The cause of the priapism is the irritation that is produced by adhesion of the prepuce to the glans. You know that in infancy there is an agglutination of the prepuce to the glans penis, normally, and that in a few years there is an unfolding of the prepuce from the glans, and it pulls itself away without any rupture of tissue, simply by normal development; but the adhesions I refer to are entirely different from the normal agglutinations of parts; it is where there is an absolute adhesion of tissue to tissue, and the glans and prepuce become consolidated into one mass; behind the corona is a space where the excretion is constantly deposited, and not being permitted to escape, this excretion is retained in the little space behind the corona, and the watery parts of it are absorbed, and the earthy portions remain, leaving a horse-shoe like concretion very similar to the tartar which you scrape from the back of your teeth. This hardened mass being imprisoned by the parts, keeps up a constant irritation here, the same as a chestnut burr, a file, or any foreign body, irritating the mucous membrane and getting up an inflammatory action, which, when you come to cut it down, and take off this circular mass, or smegma, leaves an eroded

surface with granulations and effused blood, absolutely a raw surface; sometimes it is not so bad as this.

The effect of this constant irritation of the glans penis is to produce loss of sleep, loss of controlling power over the muscles, and inability to speak correctly; inability to walk, and a constant tumbling down; I have seen several cases of morbus coxarius produced by precisely this one cause, the priapism producing paralysis, and paralysis making them tumble down, and in the tumbling down they receive an injury ending in morbus coxarius, so that the ramifications of this trifling affair are so immense as to make it worth while having your attention turned to it.

Probably some of you gentlemen will remember, when referring to this subject last year, that I brought a little boy in here, a boy whom Dr. Hammond, who knows as much as any one else about the nervous system, had described in this condition, and gave a very philosophical explanation of it, and had this photograph taken of the boy to send to Europe, to have distinguished friends of his abroad throw some light on the subject. When he took the boy to the photographer he said, "That is the kind of cases Dr. Sayre cures." He had seen cases that I had sent there to be photographed. So the boy was brought to my house. I advised circumcision. He was brought back next day, but Dr. Hammond not being present, I did not operate on him. I did not hear from the child again until some time after. The father wrote me, from Philadelphia, a very grateful letter, saying that I had explained the case to his satisfaction, and he would have him operated on as soon as possible. Some two weeks afterward the child's uncle called at my house in a great state of fury, almost insane with passion. He was going to have me hung for murdering his nephew, saying that after he was operated on he was worse than ever; that I had fixed the child nicely, and that he was nearly dead. I explained that I had not operated on the child, and finally got at the facts about the matter. The mother, who lived at Hunter's Point, thought it was a very simple affair, and so she ran around to a physician near by—she was so anxious to have it done—and had the child circumcised. The child was brought to my office a few days afterward and examined. It seems that the physician had just pulled the prepuce forward and cut off a

little of the end of the string of external membrane and pulled it back without loosening the internal membrane. As a matter of course, the irritation caused by the pressure of the external cuticle against the corona of the glans only added to the difficulty. This man had made the mistake of cutting off the integument in a circle, the same as the Jew does; he then took the external membrane and carried it directly over, and the adhesion of the internal lining membrane to the glans was so complete that he had not fully uncovered the glans. It is very easy to make that mistake. The little delicate fold was so closely adherent to the glans that he thought he had circumcised the child, whereas he had only thrown back the prepuce.

We put the child under chloroform and circumcised it properly; peeled off the internal membrane with a good deal of difficulty—it required the knife to loosen its attachment—close to the urethra and the entire glans, and when it was pulled away a bloody surface was left. A little sulphate of iron stopped the hemorrhage. Behind the corona was a little half horseshoe of substance resembling the tartar that is scraped from the back of the teeth, which had produced an excoriation and was cutting deep into the glans. That was the last I saw of the child. Yesterday I received this card from the father.

SEPTEMBER 17, 1876.

DR. LEWIS A. SAYRE:—The child (W. P. N.) commenced to improve two weeks after his return from the country, and he is now perfectly well. No treatment whatever.

[SIGNED.]

I have sent for a little child of a gentleman, one of the teachers in a public school, who brought his child to my office; you saw him on the same day that I finished the operation on the other young one; this gentleman's child I have not seen but once. I sent for him this morning. 'I wanted to have the child brought here, but was told that the little fellow was sick with pneumonia and could not come. The father commenced to tell me the story. "Stop," said I, "you have watched this thing and know more about it than I do; I have seen them only in the different stages, and you have seen this case from the beginning." So I have had the father, Mr. McGuire, to come here this morning, and he will tell his story.

#### MR. M'GUIRE'S STORY.

Well, gentlemen, the first week of the little boy's life he never slept two consecutive hours. He was born June 7th, 1874. He was a very fine-looking child, very large for his age; at the end of the first week weighed over fifteen pounds. During the whole week he never slept more than two hours. At one time his mother was worn out with watching and taking care of him night and day, and to give him any sleep at all we had to give him a drop of laudanum.

Up to the first year of the child's life he never slept more than three consecutive hours in twenty-four, and continued to grow worse at night time. We would have to lift him out of the bed and rock him in our arms to get him quiet, and I noticed that he had erections of the penis. That might have explained to me what was the matter, but I never thought of it. He was very excitable, never lying still in bed in any one position. He kept knocking his head against the sides of the crib, sometimes standing up or sitting on the edge of his crib, and never remaining in one position more than five minutes. Whenever he did sleep during these three hours we speak of, we found him on his belly or face, with his legs all drawn up. That is the only kind of sleep he got. Of course this irritation had an effect on the kidneys; he wetted every three minutes of his life for the first eighteen months; at the end of the eighteen months we began to think he had some disease; it was not mere nervous disease; and several old women persuaded my wife that the boy had worms. I finally brought him to a homœopathic physician and he doctored him four months for worms. He gave him about three and a half pounds of santonine in homœopathic doses. Finally I said, "Look here, I would like you to give me some evidence that the child has got worms; my wife says she has never seen the child pass worms yet."

He said that he had come across people equally incredulous, but that he would convince me that the child did have worms, and that he would make up a preparation, and if I would give it to the child I should see worms next morning eighteen or twenty inches long. "If you will do that," I said, "I will believe that the child has worms."

He made up a preparation which he said was contrary to homœopathic rules, because this time it was strong [laughter].

I gave it to the child, and the following day we looked with all the glasses in the house to see if there were any worms. We thought one dose was not enough, so we gave him some more, but there were no worms yet. I told him about it. "Well," he says, "that is a mystery; you mean to say that the child didn't pass any worms?" I said I meant it, and that he had better give it up. I was getting thoroughly exhausted, and my wife was worn out for want of sleep. I had to give up engagements by which I could make money, for I had been going for two or three months without three consecutive hours of sleep in one night, except when we gave him laudanum or morphine. But we saw we might injure him by this course, so we stopped it. He had paroxysms of laughter and crying, a mixture of both, like hysterics. We could not do anything with him; no use whipping him or coaxing him; he would have his own way. I must confess that once or twice, in sheer despair, I did whip him, but it did no good.

Well, in the meantime the child did not lose flesh; he looked well enough. When we told people who came to our house about the child they thought we were lying. "What! a nice looking child like that can't sleep! but you know all about it."

About twelve or two o'clock I would have to get up and rock the child in my arms, and perhaps he would go to sleep a few minutes, but as soon as we laid him down he would knock around the crib and do all sorts of things. Finally I made up my mind to give him laudanum, for we were actually worn out. He was constantly crying or tumbling down, or upsetting things, and wearing his mother out, so that there was no rest for either of us.

Acting on the advice of a friend, though my treasury was sadly depleted by the homœopathic physician, I mustered up my courage, and on Sunday morning, May 1st, 1876, I took the child, then two years and three months old, to Dr. Sayre. He felt along the spinal column, and when he came to a certain point the child twitched his feet. He took hold of the penis and pulled the foreskin back. After he had done this, Dr. Sayre told me to bring the child to him next day and he would fix him; next day he operated on the child, splitting the foreskin upward and removing something which looked like a sliver of bone. It was hard enough to produce irritation. Ten days after

the operation the child began to sleep, and now it is hard to wake him up in the morning. His health is first-rate, and he is getting so docile that we hope to train him, bye-and-bye, so that he will act like a white man's child, in three or four years." [Applause.]

Dr. Sayre:—That is a far more graphic description than I could have given you. [To a woman with a child in a condition similar to the one described.] How does that man's story correspond with yours? A. It is just the same, sir.

CASE 1.—Dr. Sayre:—Here is a little boy that was brought to me. I was told that I would have to cut his tendons. On taking hold of his feet I found I could bring them straight, and I very soon saw there was nothing to cut. I examined the child and noticed what a curious expression was in his face, and taking hold of his hand he rolled about in every direction [illustrating]. Now he has sense enough to understand what is said to him. Then he was strangely idiotic in his expression.

[The child walked, held out his hand, lifted his foot and insisted on jumping, to exhibit his newly acquired powers, seeming much delighted to use his limbs]. He understands everything that is said to him now. Upon examination I found he had constant priapism. I told the father to bring him down as soon as cold weather came on and I would circumcise him and see what was to be done.

He came down Wednesday, while I was sick in bed. I circumcised him in my bed and let him go. Since that I have not seen him, but now he is all right.

This is almost a miracle; it is beyond the power of man to comprehend it unless you see these cases from the start. You see the result. For two years he was like a lunatic, an insane child. The other child was like an idiot, but this one was vicious, biting and tearing everything, and possessed with a perfect fury.

CASE 2.—Here is a little girl whose case is a duplicate of that, which shows that the same disease occurs in the female as in the male. She could neither speak, nor feed herself, nor stand steadily. Her legs were crossed almost like this which you see here [showing photograph], the thighs very tightly flexed across each other, the adductor muscles as tense as a cable.

On touching the clitoris, she was thrown into a spasm with opisthotonos. By clipping the



clitoris, and having the legs kept apart with a piece of lath between the shoes to prevent irritation, you see the result achieved. She requires assistance in walking even yet. She now has a good memory, whereas before she had none; she can understand all that is said to her and can answer questions sensibly.

Two weeks ago that child was comparatively an idiot. The mind seems to have been developed like magic.

As to the boy, he is really sharp, and his grandfather, who saw him day before yesterday, is so bewildered that he cannot exactly comprehend where this young one has come from. He thinks that an angel has come into the house. He cannot understand where the other young one has gone.

CASE 3.—Here is a case in which the same cause produced a disease of the hip. The constant tumbling down produced the diseased hip and ended in suppuration and a rapid development of the strumous and scrofulous constitution which was about to kill him. I circumcised him. He had at the same time hernia on both sides [causing the boy to exhibit his agility]. That is a pretty good hip, gentlemen. That boy is perfectly recovered now; the whole cause of the difficulty was phimosis, producing a disturbed nervous system, ending in paralysis; the paralysis making him tumble down, produced inflammation of the hip joint, which went on to caries; and that is the whole philosophy of it. And yet you will find men to-day, men of the highest standing in the profession, insisting that there can be no hip disease unless there exists a previous, scrofulous taint in the constitution.

## COMMUNICATIONS.

### POST-PARTUM HEMORRHAGE AND THE USE OF THE PERSULPHATE AND PERCHLORIDE OF IRON.

BY W. T. CHANDLER, M. D.,  
Of Campbellsville, Kentucky.

There is no question in the detail of the ordinary practice of midwifery of more practical importance to the accoucheur than post-partum hemorrhage. Often, when the first and second stages of labor have been completed with all desirable facility, the third stage of labor is ushered in with or followed by hemorrhage of a most obstinate and dangerous character.

It is unnecessary at this place, neither is it in accordance with the object of this paper, to detail the etiology and treatment of puerperal or even post-partum hemorrhage in an exhaustive résumé.

As is well known, all puerperal hemorrhage comes from denuded and patulous uterine sinuses, and nature's remedy is to diminish or obliterate these vessels by a direct contraction of the uterine tissue around them, and it is only when nature proves herself derelict in duty that the accoucheur is demanded.

But it is especially of post-partum hemorrhage that continues after the delivery of the placenta, or in cases in which the placenta is retained, either in whole or part, by morbid adhesions, on which we wish to offer a few practical hints.

To secure and maintain firm contraction of the uterus is the great desideratum in the after-treatment of all parturient women. Uterine laxity, though insufficient to give rise to hemorrhage, may easily promote the absorption of septic matter from the abraded uterine surface, and give rise in consequence to uterine phlebitis and systemic toxæmia of grave purport.

In post-partum hemorrhage the danger is immediate, and the remedy is demanded with no less celerity. To extract the placenta, and to secure firm uterine contraction, are the great principles of treatment.

Extraction of the placenta may be accomplished without any particular skill, except in cases involving morbid adhesion, in which cases it becomes necessary to sever the placenta from the uterine surface by physical force. A detailed explanation of this operation is, however, foreign to the purpose of this paper. In some cases, even with our best-directed efforts, we find it impossible to detach the adherent mass, or, if torn away by force, portions of its proper structure are left *in situ*.

Hemorrhage is a necessary concomitant of a partially detached placenta. Even very small portions of placenta left *in situ* are often the source of obstinate and continued hemorrhage.

During the winter of 1874 an otherwise healthy young lady came under my care to be treated for metrorrhagia. For about a month there had been a slow but persistent drain of blood from the uterus. The patient was spanæmic, pallid, and very enfeebled. On inquiry, I found that about a month previous she had aborted an ovum in the second month. The discharge from the womb was offensive. For

several days I applied a solution of persulphate of iron to the uterine cavity by means of a sound wrapped with cotton-wool, but finding this measure inadequate, I introduced a sponge tent and dilated the cervix uteri. Detecting, by the sound, adherent membrane, I scraped the cavity of the uterus with a curette, bringing away thus the disintegrating membrane from the womb, and I again applied the solution of persulphate to the internal surface of the uterus. There was no more return of the hemorrhage, and the patient made a good recovery. But it is especially in obstinate hemorrhage continuing after the delivery of the placenta that I wish to speak of intra uterine injections in hemorrhage dependent upon uterine inertia.

In our text-books this little operation is looked upon as a kind of dernier resort, a procedure to be enacted concomitant with the death-rattle. By many it is considered as preeminently dangerous, and by others as useless. To some minds it brings up the horrors of pelvic peritonitis, metritis, etc., in glaring colors. But in the few instances in which I have had occasion to resort to this operation (seven in all) it has never been followed in a single instance by any unfavorable results attributable to the operation. About two months since, I was called by a country practitioner to meet him in a case of labor. I found his patient, who had been in labor for three days, completely exhausted, with entire suspension of uterine action. Upon inquiry, I learned that the pains at first were very active, but becoming insufficient, he had administered ergot to secure stronger contractions. This finally lost its effect by continued repetition, and the uterine contractions became impotent, with the patient herself in a state of alarming prostration. I found, upon examination, a case of twin pregnancy, with the head of one child engaged in the superior strait of the pelvis. Convinced of the necessity of artificial aid and the extreme danger of further delay, I applied the forceps and delivered the first child by gentle traction. I then introduced my hand into the uterus, and securing the feet of the second child, brought them through the soft parts and delivered the second child also by traction. This was followed by a profuse gush of blood. I immediately extracted the placenta; then passing one hand into the uterus, and placing the other externally, I kneaded the womb and scraped the clotted blood from its interior; but failed to excite suffi-

cient contraction to control the hemorrhage. The patient was rapidly growing weaker, complaining of dimness of vision and a sensation of extreme faintness. Pulse frequent and feeble.

I immediately prepared a solution of perchloride of iron:—

R.	Tr. ferri mur.,	℥.3ij	
	Aquæ,	℥.3vj.	M.

This I injected into the uterus with a long-nozzled syringe, carrying the nozzle of the instrument well into the os. The result was a complete and immediate cessation of the hemorrhage, and the patient made a good recovery, without any unfavorable symptom further than would naturally accrue from an excessive loss of blood.

It has also been found that in cases where it is impossible to remove the placenta on account of morbid adhesions, the hemorrhage may often be controlled by intra uterine injections of the persulphate or perchloride of iron. I have never had a case in point, but I should certainly prefer it, under the conditions stated, to tamponing a flaccid uterus. No greater danger can be conceived of than an attempt to control hemorrhage from an empty womb by plugging the vagina. To my mind it is equally *mal apropos* to tampon for hemorrhage with the placenta *in situ*; we had better contend with an open than an occult danger.

I have nothing to say in regard to the evils of intra-uterine injections in the non-puerperal state; the evil effects originating from such practice are doubtless sufficient to prompt the physician to great caution in its use.

But in post-partum hemorrhage the question is different; it is life and death that oftentimes hangs upon the decision of the moment; there is no time to think of danger when the great *ultimatum* of all dangers, death itself, is staring us in the face; what is to be done must be done quickly.

Aside from this consideration, intra-uterine injections, though not entirely devoid of danger, are attended by as little if not less risk than the majority of operations which promise the same amount of good.

Furthermore, it is efficacious for the accomplishment of its aim; it will arrest the hemorrhage when all other measures fail, and should be immediately resorted to; other means show themselves inefficient.

The action of the persulphate and perchloride of iron is twofold. First, by direct irrita-

tion upon the uterine mucous membrane it is a strong incentive to active and efficient uterine contraction. Second, by coagulating the blood upon the surface and in the orifices of the uterine sinuses it offers a mechanical barrier to further egress of blood, and thus effectually puts a stop to further hemorrhage.

Slow but obstinate hemorrhage sometimes proceeds from partial laceration of the cervix, even when the body of the uterus is firmly contracted. In these cases the injection of the persulphate into the cervix uteri will be found to completely control the bleeding: *e. g.*, some time since a healthy Irish girl, pregnant, full term, came under my care; the patient was a primipara, the soft parts rigid and the child a large one; however, the accouchement was completed in good time, and although the uterus could be felt firmly contracted, through the abdominal parietes, yet the hemorrhage continued in a slow but steady stream.

By digital examination the hemorrhage was found to proceed from a fissured os. Passing the nozzle of a uterine syringe into the os, I injected about half an ounce of a solution of persulphate of iron, the effect of which was to arrest all further hemorrhage, and the patient made a good recovery.

I desire to lay particular stress upon the strength of the solutions used. I am satisfied that it is unnecessary to use either Monsel's solution, or the *tr. ferri chlor.*, in full strength. One part of either to three of water has always answered my purpose satisfactorily. This diluted solution has the negative advantage of producing very little irritation as an after consequence.

In regard to the exhibition of ergot per os, for controlling post partum hemorrhage, it is plain that whatever action it may possess, that action is too slow to meet the immediate exigencies of the case. We have no time to administer ergot and water, for its effect, uterine contraction, must be secured by a direct stimulus. I have sometimes found a small lump of ice introduced into the womb, excite sufficient contraction. I do not repudiate the use of ergot in post-partum hemorrhage. Whenever the hemorrhage is slow, it will be found of service; it may also be given as an auxiliary to other measures to maintain firm uterine contraction, after this shall have been secured by other means.

Some accoucheurs are in the habit of admin-

istering ergot during the latter part of the second stage of labor, for the purpose of securing its good effect after the delivery of the child.

But when the usual measures fail to secure and maintain uterine contraction, the accoucheur should not hesitate to immediately resort to injections of persulphate or perchloride of iron, and no chimerical danger should deter him from his duty to his patient in this regard.

#### AMERICAN MEDICAL BROTHERHOOD.

BY FRED. HORNER, JR., M. D.,  
Of Salem, Va.

In a late number of the *REPORTER* the editor has made favorable note of a scheme which has been inaugurated in Virginia, to establish a medical brotherhood, to be confined to the regular practitioners of this country. It is proposed to submit the question to the serious consideration of the profession, and especially to the members of the several State Medical Societies and American Medical Association at the next meeting, for adoption, and as a practical method and substitute for the more expensive plans of mutual life insurance. The aim and purposes of this organization will be to provide for the wives and children of deceased members of the Brotherhood who may need aid and will apply for it from this source.

In the Northwestern States, including the cities of St. Louis and Chicago, and in New York, Professors N. S. Davis and S. W. Gross have informed the writer that the profession has already initiated a benevolent Medical Association, numbering about fifteen hundred members. Professor Alexander C. Simpson, M. D., Edinburg, Scotland, and Charles I. Hare, M. D., London, England, made mention of the existence at the present time of a like society in their respective cities, but more largely endowed and of more general scope in the particular that these societies provide means of support to disabled and aged physicians, to the amount of sixty pounds per annum.

Hence it is perceived that both in the United States and in Europe this plan is not a novel one, and needs only further consideration to be applied to the profession at large, especially in the rural districts of our country, where too often a meagre support is obtained by the prac-

tice of medicine. Army and navy officers of the medical corps may not be directly interested, because of the fact that a liberal government usually provides a pension for their families when an appeal is made.

Now, in brief, let us state the plan of this proposed organization.

First, let the candidate for admission to membership be required to subscribe to the Code of Medical Ethics of the American Medical Association, and furnish a duly drawn up application, addressed to the secretary of the Brotherhood as follows: Name in full; post office address, County and State; age; whether in good health; for what time; and agree to pay to the Treasurer of the Medical Brotherhood, \$2.00 on admission, and thereafter \$2.00 on the first Monday in July in each year, or within thirty days, after notice has been given, by mail or otherwise, of the decease of a member to whose heirs said assessment of \$2.00 is due; and finally, that on failure to pay the annual dues the applicant will acknowledge himself no longer a member of this Brotherhood. Witness my signature, etc., this day of —.

The above is an imperfect outline of the proposed plan of a Medical Brotherhood in this country.

In conclusion, the appeal is made especially to the five thousand readers of the *REPORTER*, and the thousands of humane and benevolent physicians throughout the United States, who rightly bear the mantle of the Good Physician. He failed not, on the cross, to make provision for the relief of the needy; the clergy and other bodies of men, have profited by His example. The younger members of the profession cannot fail to apprehend the advantages of such an organization to themselves and their families and to their medical brethren. In the country many neglect or are unable to incur the expense of regular insurance, and while it is true that physicians located in metropolitan and large cities realize handsome incomes and can otherwise provide for their families, this plan will meet the wants of those less provident and favorably situated. The American Medical Association has been in operation for nearly forty years; the kindred organization of the British Medical Association has perhaps an older origin, both bodies deliberating upon plans for the relief of suffering among mankind, yet neither have ever considered the claims of the needy who constitute their own households.

## MEDICAL SOCIETIES.

### AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES—SEVENTH ANNUAL SESSION.

On September 26th the seventh annual session of the American Association for the Cure of Inebriates was begun in the College of Physicians, in this city. Dr. J. L. Mason, of Brooklyn, presided, and Dr. T. D. Crothers, of Binghamton, N. Y., acted as secretary.

After the reading of last year's minutes, a paper on the

#### Duration and Prognosis of Inebriety

was read by T. D. Crothers, M. D., Assistant Physician in the New York State Inebriate Asylum, Binghamton, N. Y. He said:—

Inebriety, as a cerebro-psychal disorder, beginning obscurely, followed by complex perversions and degenerations, has a distinct duration, mortality, and prognosis, which can be understood proportionally to the accuracy with which the history of every case is studied. Unlike other disorders, it follows an uncertain, variable course, sometimes appearing suddenly, with a rapid, fatal issue, or coming on slowly, with long uncertain pauses, or seeming to permanently die out, and beginning again with greater complication. Generally its origin and growth extend over many years, then it bursts into great activity, beyond self-control, and is recognized as inebriety. Dating from this time, the average expectancy of life is affirmed to be ten years. Or more especially, from the time that inebriety becomes thoroughly uncontrollable, death follows directly or indirectly within ten years, unless lengthened by treatment. Many reasons confirm the assertion that inebriety is of less duration than formerly. Inherited degenerations are more frequent, and serious organic complications, bad living, irregular work, extremes of life, unhealthy brain work, and all means which lower vitality and lessen the resisting power of nature, predispose more actively to fatal termination.

The severe mental strain incident to our peculiar civilization, with its struggle for wealth and power, precipitates this affection. Inebriety of to-day is associated with a class of physical and organic symptoms unknown to older observers, and the lesions following are manifest in forms of nervous disorders, profound and wide-reaching. In two classes of inebriates the expectancy of life is short—the morbidly sensitive and the stolidly indifferent. The former have a very acute nervous system; and a consciousness of their condition that borders on extravagant hope or crushing despair. The latter have innate conceptions of their disorder, and seem to be governed by passion and instinct, with a nervous system responding feebly to the changes of sentiment or reason. Here inebriety goes on without mental obstacle.

*Prognosis of Inebriety.*—Inebriety may be



said to have an unfavorable prognosis when it originates in injury to the brain, or a general wasting disease, or comes suddenly, without any particular cause; when it appears in good surroundings, and in those who live regular lives. Over ten years' duration, beginning before twenty-five years and after fifty; in those who have no regular business or occupation; who possess eccentric, untrained will power, and limited education; who have no fixed home or family connections; who are paroxysmal drinkers; who have an initiatory period of beer, cider, soda, but seldom begin at once to use strong stimulants; those who smoke and chew excessively; who have excesses in living and labor; who have nervous and cerebral disorders, and who exhibit a predisposition to inebriety, insanity, or any of its varied forms. Many others were mentioned which constitute the general landmarks which appear more or less prominent in every case, and indicate the great diversity of causes and conditions governing the prognosis.

The following summary contains the majority of the facts contained in Dr. Crothers' paper:—

The duration of inebriety is governed by many complex causes and conditions, which seem to be growing more intense and fatal.

The mortality of inebriety, either directly or indirectly, equals that of the most fatal diseases, but under proper treatment at asylums the recoveries may exceed that of any other cerebral and nervous disorder.

Every case presents general and particular indications, from which we may predicate its future recovery or fatality with comparative certainty.

A careful study of these indications points out the conditions of body and mind that intensify or antagonize the development and progress of this disease, also the circumstances and surroundings influencing it.

Every case has a natural progress from stage to stage, governed by causes that are distinct or obscure, simple or complex, which may be recognized and understood.

A further study of this subject will enable us to discriminate between hopeless and favorable cases, and adopt such measures as are best suited to its successful treatment.

At the close of the reading the paper was discussed by Dr. Graeff, Superintendent of the Franklin Reformatory Home; Hon. E. G. Lee, of Frankford; Drs. McKenzie and Day, of Massachusetts; Mr. Willets, of the Franklin Home; Mr. Wilkins, of Chicago, and others. It was shown that a large percentage of reformations took place after the victims had reached the age of forty years.

Edward C. Mann, M. D., Medical Superintendent of the State Emigrant Insane Asylum, Ward's Island, New York, then read a paper on

#### **The Relation and Hereditary Tendency between Inebriety and Epilepsy.**

He said very little attention has, as yet, been devoted to the relation and hereditary tendency

existing between inebriety and epilepsy, although a very close relation undoubtedly exists between them. Careful examination reveals a large number of persons affected with epilepsy whose parents or ancestors have been addicted to intemperance. There is a very close analogy existing between the paroxysms of a dipsomaniac, where there is often a stage of nervous disturbance which may incapacitate the patient for mental labor, and the convulsions of an epileptic whose paroxysms of intense nervous excitement are generally preceded by the "aura epileptica," the difference being that in the former case the paroxysm lasts for weeks, perhaps, while in the case of an epileptic it lasts but a few moments. As we often see the two diseases existing in the same person, it becomes impossible not to infer a similarity of origin. We have in both instances accumulated and pent-up nervous force, or irritation, which finally expends itself, in the one case, in the overstrained indulgence, in the irresistible impulse to indulge, in alcoholic stimulants, and in the other in the convulsive movements of epilepsy.

There would seem, beyond all doubt, to be a co-relation of force which results in the mutual convertibility of these two diseases. It is not an unusual case to find in the various members of different generations of the same family different phases of the neuroses, such as insanity, epilepsy, phthisis, chorea, or inebriety, showing beyond all doubt co-relation of morbid force in hereditary diseases.

I believe most firmly that the morbid condition of nerve element or morbid force induced by inebriety is indelibly impressed upon, or is transmitted to, the ovum at the time of conception, and that this morbid force lies dormant in the system until developed by an adequate exciting cause, and that the hereditary neurosis thus often skips a generation, leaving no appreciable manifestations of its existence in the intermediate generation. When this morbid force does manifest itself, next to the transmission of the predisposition to inebriety comes unquestionably epilepsy. From my experience the children or grandchildren, while infants, are generally affected with convulsions, which may prove fatal, but more often tend to assume an epileptiform type as the child advances in years. I have repeatedly noticed in patients who did not have complete epileptic seizures, epileptic vertigo, which passed off almost instantly, but which for the time evidently abolished consciousness partially, if not entirely. The brain of such children is often morbidly active, and too high pressure in education or an unnatural forcing process during the formative period of childhood often results—especially in girls, during the period of constitutional evolution, a time at which the organism is under physiological conditions that predispose to pathological states—in disturbances primarily of the organs of respiration, circulation, and digestion, and secondarily in the production of hysteria and epilepsy, by over-stimulating a brain

already morbidly active and predisposed to disease, upon the application of even comparatively trifling exciting causes.

After an exhaustive review of the causes and relation of inebriety and epilepsy he concluded with the following:—

*Prognosis.*—In epilepsy occurring in the inebriate himself as the result of the morbid irritability produced in the central nervous system by his excessive drunkenness, we may reasonably expect an ultimate cure if there is no structural change in the brain which has resulted from the course of inebriety.

I have had three such cases of recovery of epileptic patients, in the cases under my charge during the past year. On the other hand, when the disease occurs in the offspring of intemperate ancestors, as the result of the hereditary tendency, it depends more certainly upon structural disease of the brain, and as a general rule I have found that the more frequent the recurrence of the epileptic convulsions in such patients, and the deeper the impression which they leave behind them, the less hope is there of ultimate recovery. D. G. Dodge, M. D., Superintendent of the New York State Inebriate Asylum, Binghamton, New York, read the next paper, entitled,

#### "Inebriate Asylums and their Management."

After showing the relationship which exists between inebriety and insanity, he said:—

It is of the utmost importance that the rules for the government of the patient should be strictly, yet kindly, enforced, as they are absolutely necessary for the recovery and for the comfort and well-being of the patient. Without an implicit obedience to judicious rules, the vital objects of the asylum cannot be obtained.

The first step essential to the cure of the patient is the renewal of that self respect and self control which will compel him to consider his cure not only desirable but imperative. To effect this the patients should feel that they are on the same footing and subject to the same treatment. The most intimate associations should be encouraged, and naturally will be, with those who are earnestly engaged in the same honest purpose. But so long as human nature remains unchanged, the division of patients into two general classes is unavoidable.

There are those who submit willingly and cheerfully to the rules necessary to the successful management of the institution, and there are those who, from disease or willfulness, or both, persistently neglect the same. After the lapse of a specified time, at the discretion of the superintendent, to the first class may be conceded favors and privileges from which the second class will rightly be deprived. This kind of classification would be reasonable and just; any other classification would be unreasonable, if not impossible. With this sort of distinction or classification incentive to reform is placed before the patient as soon as he puts himself under the discipline of an asylum.

This kind of promotion in prospect will stimulate the self respect and ambition of the patient in his own behalf.

He set forth at some length the best means of managing such institutions, after which a general discussion followed on the paper.

Dr. Beard read the next paper, entitled, "An Inquiry into the Causes of the Increase of Inebriety in this Country," which occupied the time up to the hour of adjournment.

The meeting was well attended by the profession of the city, and the importance of the subjects under discussion was fully acknowledged. As they are of a character which so directly concern the public welfare, it is satisfactory to add that the city journals also indicated considerable interest in the sessions of the Association.

#### RHODE ISLAND MEDICAL SOCIETY— QUARTERLY MEETING.

The quarterly meeting of the Rhode Island Medical Society was held in Providence, September 10th, Dr. E. M. Snow, President, in the chair.

Dr. W. E. Anthony, Secretary, read the records of the annual meeting, which was approved.

Dr. Eldredge, delegate to the International Medical Congress from this Society, read a written report of his attendance upon the meetings of the Congress, which were very interesting and instructive, with brief references to many able papers read, which report was received, and, on motion, a copy requested for publication in the proceedings of the Society.

Dr. Geo. D. Collins, also a delegate to the International Congress, reported verbally upon the order of proceedings of the Congress, the number of delegates in attendance, and the various nations represented, and the admirable system of all the meetings of the Congress and the various Sections, and the report was received.

Dr. Ballou, of Woonsocket, described his treatment of a case of cerebro-spinal meningitis which occurred in his practice, in which he administered croton oil with gratifying success, his patient recovering from a very dangerous condition.

Dr. S. Clapp, of Pawtucket, who was called in consultation by Dr. Ballou, made a few remarks upon the case, concurring with the views of Dr. Ballou in his successful use of croton oil in the case, which he considered a very dangerous and doubtful one when called to it.

Dr. E. S. Caswell presented and read an interesting paper upon the subject of "Stricture of the Urethra," with a detailed account of his method of treatment in fifteen cases at the Rhode Island Hospital.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Remarks on Apoplexy.

In a lecture on Cerebral Hemorrhage, in the *British Medical Journal*, Dr. Julius Althaus remarks:—

Among the various points which influence the issue of such attacks as just described, the age of the patient is a most important one. Clinical experience has shown that the young recover more easily from the complaint than the old; and the result of my researches on the mortality from this disease in England and Wales during the last forty years, enable us to give considerable precision to this point. A large number of infants die of apoplexy in the first year of age; but these are mostly cases of meningeal, and not of cerebral hemorrhage. Of the latter there are hardly any instances between the first and fifteenth year of life; after fifteen they are "few and far between"; but at thirty-five there is a perceptible increase, and the numbers then gradually swell, until they reach an immense maximum, between seventy and seventy-five years of age. Between seventy-five and eighty the mortality from this complaint is still very large, while after eighty a rapid fall sets in; but, considering how few people are still alive at eighty and the subsequent periods of life, the fatality of cerebral hemorrhage does actually increase rather than diminish as age advances. I am, therefore, able to state in general terms that cerebral hemorrhage is of slight significance up to thirty years of age; that its fatality increases *pari passu* with years; and that the greater the age, the less is the probability of recovery from cerebral hemorrhage.

While, therefore, age must, in every individual case of this kind which may come under your observation, largely influence your opinion about the patient's prospects, you should know that sex has no such influence at all. It is true, that it has hitherto been generally assumed that males are more liable to die of apoplexy than females; but my investigations of this point have conclusively shown that such is not the case; that the sexes die in almost equal proportions of the disease; and that the slight excess which is found to exist is for women and not for men, the proportion in two hundred thousand consecutive cases being 1000 for males, to 1009 for females. From this you will perceive that for the purpose of prognosis sex is devoid of practical importance.

The constitutional condition of the patient has, on the contrary, a most important bearing on prognosis. Where cerebral hemorrhage occurs from leukæmia or contracted granular kidney, the prognosis is unfavorable. Gout

and syphilis are likewise undesirable complications, while the absence of constitutional faults will, *ceteris paribus*, render the patient's prospects more hopeful.

Finally, treatment may incline the balance towards recovery or death. The treatment by venesection, which was formerly much in favor, was thoroughly irrational, and generally followed by disastrous results; indeed, many patients have died of the remedy rather than of the disease. Venesection has lately fallen into disuse; but the condition of the brain during cerebral hemorrhage is not one of congestion, as was formerly believed, but of anæmia; the organ not only loses blood largely, but is also, from compression of its arterioles through the clot, unable to receive a fresh supply of the reviving fluid; death in this disease takes place chiefly from anæmia; and by resorting to phlebotomy, you simply increase cerebral anæmia still further, and thereby hasten the fatal result. *Eschew the lancet, therefore, as a deadly instrument in these cases.*

A simply expectant plan of treatment is recommended by the most recent writers on the disease; and there can be no doubt that abstaining from all active interference is far better than to bleed your patient. Molière, on his death-bed, cried out to his doctors: "*Laissez-moi mourir, mais ne me tuez pas!*" and the expectant plan of treatment certainly does not kill the patient, it only allows him to die. In spite, however, of recent authorities for doing nothing, a more active mode of treating cerebral hemorrhage seems to me to be called for.

Your object must be to arrest the further effusion of blood from the ruptured coats of the miliary aneurisms, by causing the vessels to contract. Now, many styptics must be inapplicable for these cases, because the patient cannot swallow, and even if medicines were introduced into his stomach, it seems most doubtful whether they would be absorbed. Nor can the rectum be used for the purpose of affecting the circulation, as there is frequently paralysis of the sphincter ani, and inability of the bowel to retain its contents. The hypodermic mode of administering medicines seems, therefore, to recommend itself, particularly in these cases; and the remedy I think most appropriate for them is ergotine.

There are two kinds of ergotine known to chemists, viz., Wiggers' and Bonjean's. The former is insoluble in water, ether, and dilute acids, but soluble in alcohol, strong acetic acid, and caustic potash; and, on account of these peculiarities, it is not suitable for subcutaneous injection. Bonjean's ergotine, on the other hand, is easily soluble in water, and it is this therefore which you should use. I am in the habit of injecting a grain of it every hour, or

where the symptoms are very urgent, even every half hour, into the subcutaneous cellular tissue; and, although the experience of a single observer, in a disease like the one now under consideration, cannot count for much, yet I feel justified in recommending you to follow this practice, as being likely to save many lives.

#### On "Ingravescent" Apoplexy.

At a meeting of the Medical and Chirurgical Society, Dr. Broadbent remarked that Sir Thomas Watson, following Abercrombie, described three forms of apoplectic attack: the first sudden, with loss of consciousness and stertorous breathing; the second beginning with sudden pain in the head, faintness, and vomiting, followed by gradually increasing coma; the third characterized by sudden hemiplegia, without loss of consciousness. To the second of these modes of attack the term "ingravescent" had been applied. Its characteristic features were absence of loss of consciousness at the outset, gradual accession of symptoms, and speedily fatal termination; and the cause was invariably found to be a large extravasation of blood. The object of the communication was to show that not only is the hemorrhage large in these cases, but that its situation is, within certain limits, constant, and also that an anatomical explanation can be given of the phenomena of the attack. The seat of the hemorrhage was described as being the outer side of the extra-ventricular corpus striatum (lenticular nucleus of foreign writers), between this ganglion and the "external capsule;" and the explanation offered was as follows:—The large amount of blood extravasated arises from the large size of the vessels here found, and from the slight resistance opposed to the effusion; and the absence of loss of consciousness is due to the fact that there is little laceration of fibres or compression of the brain. The situation and relations of the clot are best seen by opening out the fissure of Sylvius, when the convolutions of the island of Reil will be found to be obliterated and spread out over the effused blood. Afterward, by the usual sections, the further course of the extravasation into the ventricle or into the substance of the hemisphere can be traced. The following case was related:—A man, aged fifty, was suddenly seized with giddiness and slight mental confusion; left hemiplegia was early noticed, but there was no loss of consciousness. He was brought immediately to St. Mary's Hospital; and, though a little excited, he gave an accurate account of the circumstances attending the attack. There was left hemiplegia, with relaxation of the paralyzed limbs; no distortion of the face, but extreme conjugate deviation to the right of the head and eyes; marked hemi-anæsthesia affecting the face and body as well as the limbs; slight reflex action on tickling the left sole. The pulse was 108, long and firm, but weak. A tendency to

sleep became manifest; and the nature of the case being recognized, an attempt was made to bleed. Three veins were opened in the arms, but only a trifling amount of blood could be obtained; the jugulars could not be made to fill sufficiently, and vomiting interrupted further proceedings. The patient continued to sleep, but could be roused till about eight hours after the attack, when stertor suddenly set in; he was then found to be quite unconscious, and in about twenty minutes he died. During the final stertor, the lateral deviation of the eyes ceased; the heart was felt to beat for seven minutes and a half after cessation of respiration. On post-mortem examination, hemorrhage of large amount was found to have taken place between the corpus striatum and external capsule, flattening out and distending the convolutions of the island of Reil, forming a cavity along the outer side of the corpus striatum and thalamus two and a half or three inches long, and penetrating the lateral ventricle by a fissure extending almost the entire length of its outer angle. All the ventricles were filled with blood. There were hemorrhages into the lungs, spleen, and liver. The kidneys were contracted and granular.

#### An Alkaloid in the Brain and the Liver.

The *American Journal of Pharmacy* states that F. Selmi asserts that in examining the brain or liver for poisonous alkaloids, if after treatment with ether it is extracted with amyl alcohol to ascertain if morphia is present, and the solution is evaporated, a yellowish residue is obtained partially soluble in dilute acetic acid. On adding a drop of iodized hydriodic acid to this solution after it has been concentrated at a gentle heat, and immediately examining it under the microscope (650 diameters), brown crystalline plates will be observed, sometimes solitary, sometimes united to form a cross, and rapidly disappearing, being transformed into brown oily drops. The same phenomena are observed even when the acetic solution has been evaporated to dryness and heated for some time to 120°, if the residue is again dissolved in water and tested with the iodized hydriodic acid. As these crystals closely resemble those produced with morphia by the action of the same reagent, it is always necessary in toxicological researches to apply the iodic acid test. On agitating the amyl extract with water several times, the alkaloid is dissolved out, yielding an alkaline solution, which, after being acidulated with acetic acid, gives the above-mentioned reaction even more definitely. The quantity contained in the brain and liver is, however, very small.

When examining the green heads of the wild poppy for morphia, by exhausting them with alcohol, mixing the extract with baryta, and finally treating it first with ether, and then with amyl alcohol, the author observed that the amyl solution behaved in a manner pre-



cisely similar to that obtained from the brain and liver; the acidified aqueous extract giving fugitive crystals identical in form and color with those previously mentioned; no morphia, however, could be detected; neither did the dried capsules contain any alkaloid giving these reactions. On keeping the alkaline solution obtained by agitating the amylic extract with water, it lost its alkaline reaction after a week, and no longer gave the same kind of crystals with the iodized hydriodic acid. The solution, saturated with acetic acid, may, on the contrary, be preserved unaltered if mixed with an equal volume of alcohol. The author gives a list of the reactions of this alkaloid with 13 different reagents, which reactions are identical, whether it has been prepared from green poppy heads or from the alcoholic extract of the brain. This should be made with absolute alcohol, then precipitated by basic acetate of lead, filtered, and mixed with ether; this produces a second precipitate which is to be removed, and the clear solution evaporated after the lead has been separated by means of ammonium sulphide. The second lead precipitate produced by the ether, when decomposed in a similar manner, yields a substance differing from the new alkaloid, in that it does not give any precipitate either with the iodide of potassium and cadmium, or with Mayer's reagent.

#### Bromohydric Acid.

Dr. Milner Fothergill, in a short communication to the *British Medical Journal*, states that the acid can be obtained by dissolving ten ounces, six drachms, twenty-eight grains of potassium bromide in four pints of water, and adding thirteen ounces, one drachm, thirty-seven grains of tartaric acid. The bitartrate of potash is precipitated, and the hydrobromic acid remains in a clear, bright, almost colorless fluid, possessing an acid taste and the ordinary acid properties as well as the peculiar properties of potassium bromide, as compared with any other salt of potash. Dr. Fothergill has had a twelvemonth's experience of the drug. It prevents, he finds, the occurrence of headache, which some people suffer from, after taking a dose of quinine. It is useful in nervous conditions, and, combined with quinine, is excellent in those cases where there is much nervous exhaustion from excessive indulgence in tea or in alcohol. It proves very serviceable in forms of excited action of the heart connected with general nervous excitability or nervous exhaustion. Given with quinine (of which it is a capital solvent) it gives better results than the bromide of potassium and digitalis. In all hysterical conditions, connected with ovarian excitement, it seems to have all the properties of the bromide of potassium. It is equally useful in the vomiting of pregnancy, and seems to exercise quite as powerful an influence over acts of reflex origin as does the bromide. It is especially adapted for the relief of hemorrhage

associated with sexual excitement, and is even more effective here than the bromides themselves. It is also of use in whooping cough, combining conveniently with quinine. With spirits of chloroform and syrup of squills it forms a most agreeable and palatable cough mixture. Where there is gastric irritability it is the most useful of all acids. The dose, prepared as above, is one drachm as a full dose.

#### The Advantages of Flat Pessaries.

At a recent meeting of the Société de Thérapeutique, Dr. Garral presented a new pessary, which he termed the "flat ring elastic pessary." He had found that ring pessaries with rounded edges, brought in contact with the internal surface of the vagina, do not always admit of exact application over a sufficient extent of surface, and are liable to glide away. The ring, moreover, is liable to assume the vertical position, instead of remaining horizontal, and thus to present its upper portion to the os uteri. To remedy these inconveniences, M. Garral has had elastic ring pessaries constructed, which are flat, light, and of small size. They are lighter and less thick than the old rings, and possess, on this account, a double advantage. Being more raised, they compel a reflexion of the vagina toward the uterus, so that this canal loses so much of its length, maintaining the organ more in its physiological position. The flat rings being more hollowed out than the round, the os uteri has more space for its lodgment, especially when enlarged. These rings are easily elongated by compression at opposite points of their circumference, rendering their introduction easy by the patients themselves.

#### Chronic Bright's Disease in Norway.

This is the subject of a monograph, by Dr. E. Bull, reviewed in the *Lancet*. In reference to pathology, Dr. Bull declares himself as in accord with the subdivisions of Drs. Grainger, Stewart, and Bartels. He has thus three classes of disease—viz., that typified by the large white kidney, of which he has only observed seven fatal cases; that known as the cirrhotic, or granular kidney, of which eighteen examples occurred to him; and of the remaining group—viz., cases of amyloid kidney—no fewer than sixty-three fell to his share. The comparatively large number of the latter form of disease cannot fail to attract notice, and the author himself draws attention to it. The etiological history of the amyloid kidney is the same in all countries, and the striking fact about these statistics is the relatively small amount of the granular and inflammatory kidney. It would appear that granular kidney is rare in Norway. This is the more evident, when we find that the eighteen cases collected are out of a number of 1837 autopsies made at the Rigs Hospital in fifteen years. The author remarks that cirrhosis of the liver is equally rare in that country.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—Clinical Lecture on Plastic Dressings in Fractures of Lower Extremity. By D. W. Yandell, M. D. The essence of this pamphlet is the value of timely dressings to broken bones. The author's views are given as the products of a varied experience, and vindicate this practice. His judgments are strongly marked, but it is to his credit, that he makes no apology for them.

—Orthopedic Surgery. By V. S. Lindsley, M. D. This essay, though only seven pages long, has more sweep to it than half of the dissertations that are more arrogant.

Tenotomy in Club-foot is questioned and discouraged, in a very philosophical exposition of the law governing varus. He will not sever the tendon of a healthy muscle to set at ease a diseased set. His plan, which is certainly fair, is to infuse new vigor into the paralyzed fibres, or to help on their nutrition. This theory is the most physiological that has ever entered works on orthopedy, and must be refuted in an exhaustive analysis of the processes at play before it can be quashed.

—"Chorea, its Cause and Treatment." By George T. Stevens, M. D. A better caption would have been the relations of chorea to erroneous refraction of the eye. The doctrine, though very recent, is boldly supported. The association of chorea with hypermetropia is clinically proven, and the new pathology forced on us in spite of our prejudices. The substantiation of the maxim is never dim nor warped, and the treatment which these revelations intimate augurs greater relief for those that twitch.

—"Climato-therapy of Consumption." By S. E. Chaillé, M. D. The benefits of altitude in phthisis are in this paper established, and the necessity of founding mountain sanatoria for the tuberculous exhibited. The author is no jobber in health institutions, but scientifically acquaints the reader with the relations of temperature to pulmonary diseases, and alludes curtly to the various favorable sites for sanatoria in our land, particularly in South Carolina. The article closes with an introduction to the only American mountain resort, at Asheville, whose atmospheric peculiarities have been properly studied by the writer.

## BOOK NOTICES.

*Liver Complaint, Nervous Dyspepsia, and Headache. Their Causes, Prevention, and Cure.* By M. L. Holbrook, M. D., etc. New York, Wood & Holbrook, 1876, pp. 141.

This book is popular in character, much of it in the style of the health articles in the *Herald of Health*, of which its author is editor. It is a style with which scientific medicine has little in common. For example, on the treatment of sick headache our author makes the sweeping assertion, "Pills and powders are of no use, but rather do harm." As to the possible ingredients of the "pills and powders" he says nothing, but speaks of them as if they always contained the same materials. Such absurdities repel intelligent readers.

*Transactions of the College of Physicians of Philadelphia*, vol ix. For sale by Lindsay & Blakiston.

The reader of the *REPORTER* will find in this volume the papers read before the College of Physicians in full. Abstracts of them he has already seen in this journal. The College is marked, in its *Transactions*, by signal ability, faithfulness in observation, moderation in theorizing. The book is handsomely printed and sufficiently illustrated.

*A Contribution to the Treatment of Uterine Versions and Flexions.* By Ephraim Cutter, A. M., M. D. Second edition, entirely rewritten. Boston, James Campbell, 1876. Cloth, 8vo. pp. 216. Price \$1.50.

Dr. Cutter's various inventions in order to relieve the suffering from malpositions of the womb are here set forth, with diagrams and illustrations. These inventions have proved of a serviceable nature in many cases, and we have occasion to know, have gained the confidence of the profession. They are not patented, and this satisfies many, although the author, in the preface to this edition, acknowledges to have experienced some of the evils attending the neglect of this provision. Various instrument makers make and sell pessaries on his model, leaving out the very feature he most values. A patent would prevent this, and thus benefit both the patient and the profession.

Some of Dr. Cutter's peculiar ideas are included in his chapter on the Prevalence of Version and Flexion. He thinks they are in a measure owing to impoverished food, and he classes starch and starchy products among those articles of diet most to blame.

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**RECENT CONTRIBUTIONS TO THE TREATMENT  
OF PHTHISIS.**

With no diminution whatever in the annual mortality from phthisis, with the opprobrious fact still staring us in the face that it is many times more fatal than the most dreaded pestilence, everything which can throw light on its accurate diagnosis, its early recognition, its minute pathology, and its prevention and therapeutics, deserves the closest attention.

Among recent writers on the subject we have heretofore quoted Dr. A. B. SHEPHERD, physician to the Victoria Park Hospital for diseases of the chest, London, whose lectures have been presented in the *Medical Press and Circular*. Speaking of the therapeutics of the disease, he remarks:—

"The key to any rational treatment of the disease is probably to be found in a careful consideration, in any individual case, of the present condition of the phthisical process—whether it be still active, or for the time being, stationary; and of the constitutional habit of

the patient—whether of the weakly excitable type, characterized by excessive reaction, or of the vigorous more heavy one, in which reaction is less marked."

Cod-liver oil, he believes, is often administered in too large quantities. Beyond four drachms daily, as an average, does not seem to be assimilated. The excess passes out with the feces, and acts as an irritant. His general conclusions as to the forms and relative danger of phthisis, are summed up as follows:—

"That the commonest form of pulmonary consumption in this country is due, in the first instance, to an intra-alveolar and intra-bronchial catarrh, accompanied by proliferation of the epithelium more or less rapid; followed generally by impermeability and disappearance of the alveolar capillaries, and by changes in the septa of the alveoli; and resulting in the destruction of lung-tissue; the whole process giving rise to the clinical symptoms of phthisis.

"That the same clinical symptoms of phthisis are caused by the pathological changes present in chronic bronchitis and emphysema, and in other cases by fibroid growth of the alveolar septa themselves, leading to the disappearance of their cavities.

"That catarrhal pneumonia is the most common accompaniment of any affection of, or even injury to, the lungs; and that its occurrence often gives rise to the appearance of bodies possessing, to the naked eye, all the characteristics of the 'tubercle' of authors.

"That there is nothing in common between the pathological results of acute tuberculosis and those of chronic cheesy degeneration of the lungs, except it be in the occasional presence in the latter of the secondary lymphatic products almost always, if not always, to be found in the former.

"That the cheesy form of pulmonary phthisis ought not to be looked upon as one absolutely hopeless and fatal.

"That, in the majority of cases of this form of phthisis, the whole bent of our treatment should be against repeated and chronic inflammations of the lung, in the sense of catarrh of the air-vesicles and finer tubes, and as far as possible in aid of increased assimilation and nutrition, especially in the encouragement of those methods of hygiene which consist not only in change of air and climate, but in the

more ordinary matters of baths and suitable clothing."

The conclusion reached in the last sentence is that of other late observers. We find communications in the *British Medical Journal* of June 3d, and July 15th, in favor of the "open air" treatment of consumption. The following case is illustrative:—

"An officer in a regiment contracted phthisis when stationed in the south of England. He was under medical treatment some time, and had the usual sick-leave, but, on his return to duty, got worse again in the same way. The next time, he was invalided with the upper lobe of the right lung seriously involved, in the third stage, with cavities; and he was examined by the usual Medical Board, and finally he sold out of the service and regiment. Under medical advice, he took to traveling about this country and the Continent, to riding on horse-back instead of walking, and attending meetings of the hounds frequently. Two or three years then elapsed, during which his case was withdrawn from my observation; and I was then surprised to meet him one day in the summer, at Lord's Cricket-ground, looking quite recovered.

This report by Surgeon Major W. T. BLACK, leads him to formulate the proposition:—

"It is living in the open air in a fine climate that is really beneficial for consumption, and not the mere climate of itself."

If this is not new it is at least too often forgotten.

A friend of ours, a medical gentleman, who has suffered from phthisical symptoms and has traveled largely, has lauded the climate of Northern Africa as best suited for open air life in winter. The recently published book of Dr. ARTHUR LARED, "*Morocco and the Moors*," informs us that at Tangier the accommodation is good and the cost of living decidedly cheap. The ordinary summer temperature ranges between 78° and 82° F. The mean temperature of winter is about 56° F. As an example of the steadiness of temperature, the author states that of twenty-three observations made by him at almost every hour of the day

and night, between September 15th and 23d, inclusive, the thermometer ranged between 72° and 78° F., while the mean was 74.2° F. Mogador, although approaching the tropics, has a beautiful and enjoyable climate, and, in spite of sanitary imperfections, the town is remarkably healthy. Its accommodation for European visitors is, however, as yet very limited.

An English journal contains the information that an establishment for the treatment of the phthisical is about to be opened in Algeria. The physician is Dr. Landowski, and the French Government have such confidence in him and such approbation for the project that they have conceded one hundred and ninety-nine hectares of land between Cherchell and Tipasa as a site. Salubrity combines with natural beauty to make the establishment an attractive one; while one feature of Dr. Landowski's treatment will be the use of camel's milk, for the supply of which the French Government have granted pastureage and other facilities.

Meanwhile we may add that Dr. CHURCHILL'S famous remedies, the "hypophosphites," have little value.

The latest observer, M. CHARTERIS, of Paris, giving some cases in the *Lancet*, comments upon them thus:—

"These cases are faithful examples of the use of the hypophosphites in phthisis, either in the form of lime or soda. That the medicine is not inert its power of checking night-sweats evidences, and also its influence in giving tone to the system, if by this is meant increase of appetite and general cheerfulness. Without expressing a definite view on the subject, I have been somewhat forced to the conclusion that if the hypophosphites did no good, they certainly did harm, and in some measure hastened a final issue by increased fever, as indicated by a higher temperature. While acknowledging the benefit derived from their use, as testified to by patients themselves and by competent witnesses, I am of opinion that they should by no means be used indiscriminately, and that when given their effect should be carefully watched by daily thermometric observation."



In an exhaustive study of phthisis, its relations to certain physiological and other pathological conditions must receive much more attention than has hitherto been the case. There are such conditions which hasten and predispose to the development of tubercles, and others which appear to exclude or limit their growth.

Of the former, the puerperal condition has long been known as a serious complication. Dr. RUEHLE, in his study of the subject, says that the particular modes in which this acts unfavorably are at present unknown. It has received additional study lately, at the hands of Dr. M. F. ORTEGA, who makes it the subject of a thesis presented to the faculty of Paris. The following are among the chief conclusions arrived at by the author, as a result of investigations in ninety-five cases. Phthisis has, in the first place, a marked effect upon conception; thus the author only met with thirteen out of his ninety-five females who, after the commencement of pulmonary symptoms, bore more than one child, and a third pregnancy was very rare in such circumstances, although many of the women were multiparæ. In all these cases the phthisis was in the first and second stage; in one only it was advanced. In this case there was an abortion at the fourth month, and death shortly after. As to pregnancy, more than one-third of the cases aborted or were premature deliveries, and reckoning only those who had a tubercular history, in but one-half did the pregnancy last till full term. Phthisical mothers are, moreover, unable to suckle their offspring, for setting aside ten cases in which phthisis developed during and probably under the influence of lactation, only eleven out of sixty-four infants were suckled by their mothers, and these infants, healthy at first, soon showed signs of insufficient nutrition, and died with enteritic symptoms. M. Ortega's cases show also that pregnancy hastens the evolution of phthisis to a marked extent, delivery being rapidly followed by the death of the mother, although the

first days of the puerperal state are generally marked by a considerable abatement in the pulmonary symptoms. Both pregnancy and lactation he regards as exciting causes of phthisis in predisposed subjects.

On the other hand, zymotic diseases seem to be in some sense antagonistic to tubercle. Several times in this journal we have adverted to the alleged, and, in fact, probable immunity which, in many instances, an attack of small-pox confers on a constitution predisposed to tubercle.

In a recent report, Dr. LANERAN, surgeon to the military hospital Val de Grâce, at Paris, calls attention to the difference between the deaths from typhoid fever when those from consumption are numerous, to what they are when it is not prevalent. He proceeds:—

“Must we renounce the attempt to explain this regular balancing which we observe, especially in the army, between zymotic diseases and tuberculosis? Do we see in it the effect of an unknown force, an antagonism between certain diseases? On the contrary, I believe that the explanation is easy and simple. In November and December the arrival of the contingents gives rise to a considerable development of contagious diseases, for then there is overcrowding of the barracks, and all kinds of contagions find among the young soldiers arriving from the country a soil very suitable for their development. Hence the epidemics of typhoid, small-pox, measles, mumps, etc. Gradually the morbid predispositions become exhausted, and the zymotic diseases disappear, and tuberculosis, which is of slower germination, then becomes predominant. Among a military population the arrival of recruits exerts a considerable influence on prevailing diseases, an influence which must not be confounded with that of the seasons.”

This may be the correct explanation, but some observers claim to have noted a similar discrepancy in civil practice, and it is by no means sure that the antagonism to which he alludes does not exist. While giving the full benefit of his explanation, it is questionable whether it is sufficient. Further and closer observation is demanded to settle this important question.

## NOTES AND COMMENTS.

## The Metric System.

The Hon. James Yates (an Englishman), after protracted inquiry and investigations in the schools and among those best able to judge of the matter, reported that the complete adoption of the decimal, in place of the present English, weights and measures, would save two full years in the school-life of every child educated. In our country the saving would be something less, because of our adoption of the decimal currency; but the most conservative teachers acknowledge that something like this amount of time would be saved each child if our present confusion of measures were entirely replaced by the International or Metric System. Regardless of the much greater commercial and international claims of the new system, it is certainly one of the most prominent educational questions now before the people, and there was ample room for the association recently incorporated in Boston as the American Metric Bureau.

## Uterine Hemorrhage.

Dr. R. Windleband brought to the notice of the Berlin Medical Society his success with injections of hot water *per vaginam* in the treatment of all forms of uterine hemorrhage dependent upon imperfect contraction of that organ, particularly in abortion. The application produces active contraction of the organ, and arrests the bleeding. After an experience of two years with the remedy he says, "*that we have in hot injections an invaluable and sure remedy for all uterine hemorrhages, which is preferable to the application of cold or any astringents at the moment when we need to give immediate help.*"

He does not claim originality, but says Dr. Mann, of Rhode Island, published two cases, some time since, and that the latter also read of the treatment in a medical journal.

## Advance in Dental Surgery.

More than a year since, Dr. George H. Perine, of New York city, introduced to the dental profession the Galvanic-Cautery Battery, strongly recommending its employment in oral surgery. The advantages set forth are that the operation is instantaneous, painless, without shock, and without hemorrhage, which is of great importance in operations in the mouth. So delicate are such operations, and particu-

larly difficult is it to control the hemorrhage from vessels that cannot be conveniently ligatured, the cautery becomes invaluable. Dr. Perine recommends this instrument also for treating alveola abscess, hemorrhage after extracting teeth, cauterizing nerves of the teeth when exposed, also for obtunding sensitive dentine, the instrument may be applied, he says, with the most happy effect, and thus facilitate the after operation.

Dr. Perine performed for a lady, a few days since, a very delicate and successful operation with the cautery, removing a large tumor from the mouth, which he performed in a very short space of time, much to the gratification of his patient, also the professional gentleman who witnessed the operation. By the means that the doctor has introduced, and with his improved instrument, the practice of oral surgery becomes emended, and is shorn of very much of its terrors and dangers.

## CORRESPONDENCE.

## International Medical Congress—Section on Otology.

## ED. MED. AND SURG. REPORTER:—

The Section on Otology was organized by Dr. L. Turnbull, of Philadelphia, chairman. On consultation with Dr. C. H. Burnett, it was resolved by him to decline the honor so kindly conferred upon him. Dr. Turnbull then stated that since the inception of the Congress in the County Medical Society, by his friend, Dr. Stetler, he had endeavored by all the means in his power, as a member of the committee of arrangements, etc., to further the success of the Congress. Dr. Turnbull willingly and gladly resigned the chair to his distinguished friend, Professor Blake, of Boston, who, although not old in the study or practice of otology, had done much to elevate and advance it. Dr. C. J. Blake, of Boston, was then unanimously elected chairman of the Section, and H. N. Spencer, of St. Louis, secretary. On taking the chair, he expressed his appreciation of the honor conferred, in a neat speech, and returned his thanks, not only to Dr. Turnbull, but also to the members of the Section.

The first paper read was on the "Importance of Treatment of Aural Diseases in their Early Stages, especially when Arising from the Exanthemata," by Dr. A. H. Buck, of New York city.

After discussion, the following conclusions of the reporter were adopted by the Section, and the entire paper was recommended for publication.

1st. Chronic otorrhoea is, at the present time, a very common disease, due in most cases to the

want of proper treatment during the acute stage of the affection.

2d. It is by no means a harmless affection.

3d. It may be fairly classed as a preventable disease, at least among those who possess a healthy constitution.

4th. Paracentesis of the membrana tympani, if resorted to during the first few days of the acute attack, and if not carried out too timidly, *i. e.* if a free incision be made and not a mere prick, is almost a sure preventive of the subsequent chronic disease.

5th. The profession at large, and especially the medical schools, should give the subject more earnest thought than they have in the past.

On the second day a paper was read by Charles H. Burnett, M. D., entitled, "What is the Best Means of Testing the Hearing?" We were not present on that day, and are not able to give an abstract of it.

On the third day the most interesting and practical paper was read, and we regret that so few were there to hear it. It was entitled, "In what Percentage of Cases do Artificial Drum-Membranes prove of Practical Advantage?" by Dr. H. N. Spencer, of St. Louis. This paper gave rise to a most interesting discussion.

Dr. Spencer considered his subject in the following manner:—

1st. After reviewing the history of the artificial drum membrane, there are considered, (a) the condition of the ear admitting of its use; (b) contra-indicating conditions.

2d. The forms of artificial drum-membranes, under which a preference was given to Yearley's cotton-wool.

3d. The offices performed, functional and therapeutical.

4th. When the conditions are the most favorable, it will be claimed that the cases are the fewest in number where the artificial drum-membranes will be worn, whether the reasons be objective or subjective.

The conclusions drawn by the reporters were unanimously adopted by the Section, and the paper recommended for publication.

On the fourth day, by some irregular arrangement, the Section did not meet in the morning as usual, and we failed to be present, and can only give the title of the paper as printed, with the three divisions, but not the author's conclusions: "What is the Best Mode of Determining the Hearing of School Children, and how should Partially Deaf Children be Instructed—in Mixed Classes, with those that hear well, or in Separate Classes, where due allowance will be made for their defective hearing?" Reporter, Clarence J. Blake, M. D., Instructor in Otology in Harvard University.

I. The methods of testing the hearing, preference being given to (a) test with the human voice, as proposed by Oskar Wolf, for classes of consonant sounds at varying distances; (b) tests with the watch or musical tones. In cases of defective hearing detected in school children, an examination of the condition of the ear will be advised with reference to progress

in defect of hearing and classification accordingly.

II. Classification according to degree of defect in hearing, in accordance with which it will be advisable either to place the child in an ordinary school or in a special class. This heading will necessarily include a consideration of the diseases which most commonly cause deafness in children.

III. Consideration of that class requiring special instruction, for which preference will be given to the system of visible speech, or lip reading, in contrast to the sign language.

Under the first heading will be given a form for tabulation of examination of the ears in school children.

Under the second heading will be considered the facilities at present afforded in common schools for the instruction of partially deaf children.

Under the third heading an illustration of the method of instruction by visible speech.

On the fifth day the Section met in the afternoon, to accommodate one gentleman who had his clinic in the morning, and listened first to the reading of a paper entitled "Aural Vertigo, with Variable Hearing," by Dr. Charles H. Burnett.

The point urged by the writer of this paper was that many cases of aural vertigo have been falsely diagnosed as Ménière's disease. This subject was fully discussed, and numerous instances were reported in which all the symptoms of false Ménière's disease were present. The discussion also took a wider range, including various agents which produce temporary tinnitus, as, for instance, quinine and its salts. Most of the speakers agreed that the deafness induced by this agent was of a temporary character.

The second paper was read by Dr. L. Turnbull, of Philadelphia, on the "Proper Selection of Schools, as well as the Several Methods of Educating the Deaf and Dumb."

Bell's method or system of visible speech gives the pupil a knowledge of the concealed parts of the mouth and throat used in articulating, by means of drawings, etc., also of the movements of each part, so that he or she is better able to gain conscious control over them. This method of writing any sound that the pupil may utter serves to interest them in the practice of the elements, and combinations, which gives them great power over their organs of speech, and obviates the necessity of informing them that a sound is wrong if it is not the one the teacher wishes to obtain. It is the practice of those who teach this system to write all sounds in the visible speech symbols, and especially those that are essential in English speech. The symbolizing of odd sounds also leads the pupil to think and study about the parts of the mouth that produce them.

He then discussed the following questions:—

1st. What is the best method of classifying deaf children, and whether it is advisable to place them in an ordinary or a special class of school?

2d. How many deaf-mutes are capable of receiving "Bell's method of instruction," and should the attempt be made to instruct all deaf-mutes by articulation or in the sign language?

If a child can hear sufficiently well to understand the teacher when near him, the ordinary school is decidedly better than a special school for him.

Children sometimes become deaf after learning to talk and to read. Such children may profitably attend an ordinary school, provided the parents or teacher will take time to explain their lessons; if this is not done, the child often recites, "parrot-like," without understanding what he has learned, and goes over a great deal of ground with very little profit. This has been the experience of teachers of the deaf-mutes even when the pupil has learned to read the lips quite well.

Congenital deaf-mutes attending an ordinary school may learn to write, or rather to copy, and may perhaps get some ideas of numbers; but the teachers of such schools do not know how to reach their pupils' minds, even if they had the time to teach them. As a rule, such children might as well be at play, except that school occupies their time and their thoughts. Another advantage, however, is gained for the deaf children, that is, in their mingling as much as possible with those who hear.

If a child cannot profit by the instruction given in an ordinary school, let him, if possible, have a private teacher, not necessarily in his own home, as he is not always subject to the best government there.

If he needs stimulating, it may be well to place him in a class with four or five others who will classify well with him. If this cannot be done, let the child be placed in a school or institution where the instruction is especially adapted to the deaf.

If children are too deaf to profit by the instruction of the common school, and yet have had sufficient hearing to have through the ear acquired speech, instructors of the deaf are nearly or quite unanimous in the opinion that such should be taught by articulation and lip-reading. Their experience would lead them to say, "Let the attempt be made, if possible, to teach every deaf child in that way."

Of one hundred and sixteen pupils in the "Clark Institution for Deaf-Mutes," three have been dismissed as incapable of learning articulation and lip-reading, and one because she required more individual instruction than could be given her. She has, however, since been taught, so that speech and lip-reading are her means of communication in her own home.

Some of the remaining number of pupils (congenital mutes) speak imperfectly, but in every instance well enough to be understood in their own homes; while some of the indifferent speakers are fair in lip-reading, an acquisition as valuable as that of speaking.

Many of our congenital mutes speak so as to be understood by strangers, and will, we ex-

pect, make speech and lip reading a successful means of communication throughout the world.

This paper was approved of by the Section, and referred to the Committee on Publication.

After the termination of the second paper, Dr. L. Turnbull introduced the following practical subject for discussion, "On Bathing, Swimming, and Diving, as a Cause of Aural Disease," and made the following remarks:—

Bathing in river or sea water is, when wisely and properly regulated, both healthful and pleasant. He considered swimming and diving in cold water an important and frequent cause of disease of the auditory canal and anterior surface of the membrana tympani, also of the middle ear.

The evils attending bathing and swimming in cold water are the entrance of this cold fluid not only into the external meatus, but as far as the membrana tympani, causing inflammation of the lower portion of the auditory canal, also the anterior surface of the membrana tympani. But the greater evil is sudden deglutition during diving or swimming. While the mouth, nose and pharynx are filled with cold water, the mouths of the Eustachian tubes open by the cold, and a portion of the water passes into the middle ear. This result rarely occurs in expert swimmers or divers, but is most apt to occur in young beginners, who suddenly, from cold, or the shock of the contact of the water, breathe or swallow in a sobbing manner. Yet we have known it to occur in old and experienced swimmers, owing to the intense coldness of the water, while plunging head foremost into the water, the act of deglutition being entirely involuntary. If the water is not removed by placing the head on one side and drawing the external ear forcibly outward, shaking the head at the same time, and opening the mouth, it will cause inflammation, with the formation of pus, followed by perforation of the membrana tympani; or being neglected, it passes backward by the cochlea and labyrinth to the brain, and may terminate in death.

It is a well-recognized fact among those who devote special attention to diseases of the ear that no cold fluid should be allowed to enter even the external auditory canal; still, this important fact is not well recognized by the medical profession at large, or by the laity.

In the case of warm water, its entrance into the ear is less objectionable, but even it is not quite free from danger, and has its disadvantages, and should in all cases have a few grains of a saline body like borax, soda, or common salt, when employed in washing out the ear.

The symptoms of water in the middle ear are in the first stage an uncomfortable sensation, followed by earache or pain, which, after a time, becomes agonizing, with tenderness behind the auricle.

In proof that water constantly applied to the ears is injurious and causes deafness, we might cite a number of instances, but it is a well-known fact that dogs who are thrown into the water



become deaf. Many cases of this form of disease in its chronic form have come under treatment during all seasons; but acute cases from swimming and diving occur during the summer months, and chiefly in young boys from eight to sixteen, a much smaller number occurring in the fall and winter. If the acute form is promptly treated entire recovery takes place, but should the case apply after the chill it is always followed by perforation of the membrana tympani, followed by a discharge of a shorter or longer duration. In cases not recognized the symptoms of violent headache, furious delirium and coma give the physician an impression that it is disease of the brain, and so treated terminates in death.

The pathology in its first stage is acute inflammation of the extremely delicate mucous membrane lining the middle ear. This inflammation is followed by effusion of fluid, and after twenty-four hours by pus; it is in every instance attended by fever, with swelling and inflammation of the naso-pharyngeal space and great pain. If this fluid or pus is removed by an incision of the membrana tympani, followed by the air douche and hot water, the patient recovers and the ear is saved. The patient remains deaf for several weeks, and the local application of tincture of iodine, with or without some anodyne brushed around the back of the auricle, facilitates the removal of the thickening. To diminish the discharge of pus, should it continue, employ powder of salicylic acid and starch blown into the meatus, and after a time wash out and dry, and re-apply twice a day.

The subject was discussed by every member present, and the conclusions were mainly adopted by the Section that the "bad effects are brought about by sudden inhalations of cold water into the middle ear."

The Section, after passing a vote of thanks to its officers, adjourned *sine die*. Q.

## NEWS AND MISCELLANY.

### The Health of Philadelphia.

The Boston *Advertiser* states that several physicians of that city who were in Philadelphia during the recent sessions of the International Medical Congress took especial pains to investigate the sanitary condition of the city, and said that the general health of Philadelphia is as good as ever it was, and that the average is better than that of most American cities. The annual mortality rate for the week ending September 9 was 20.15 to 1000 of the population. The rate for Boston the same week was 23.88; for New York, 24.79; for Chicago, 27.73; for Worcester, 32.57.

The rate has continued equally favorable since then, and the rumors of sickness, so industriously circulated by New York papers, are simply false.

### Hard Rubber Instruments.

The pessaries, specula, sounds, etc., made by the Hard Rubber Accommodation Works, of this city, having been sold through this office for several years, we have asked the opinion of a number of purchasers as to how they stand the test of use. Their replies are very favorable, and convince us that the praise we have accorded these instruments, both in material and design, has been well placed. We add a few opinions:—

Dr. S. L. Chase, Colchester, Conn. "None of my patients want to part with their supporters. All prejudice has died out."

Dr. J. Charles, Lincoln, Pa. "Stauffer's supporters work excellently so far; I shall recommend them."

Dr. C. J. Reagan, Canal P. O., Ind. "The first I ordered was for simple prolapse. It has acted like a charm. The lady says she would not be without a supporter of that kind for one hundred dollars."

Dr. J. F. Ross, Clarion, Pa. "The supporter you have sent is a success, and the patient is well pleased with it."

Dr. J. R. Humphreys, Hartsdale, Pa. "The lady says she has received from it the only comfort she has had for years."

### The Yellow Fever.

This epidemic has undoubtedly extended as far north as New York. Several cases have been reported from that city the past week. Meanwhile the deaths from the disease in Savannah continue at the rate of ten to fifteen a day. A number of the most prominent citizens have suffered from it.

The medical profession of Galveston decided, last week, that the necessity for a quarantine against New Orleans no longer existed.

The frosts of Oct. 7th and 8th, the first of the season, may be supposed to prevent further advance of the epidemic; but the escape has been a narrow one.

### Mushroom Poisoning.

The following dispatch was forwarded from Newark, N. J., October 5th:—"Several persons at the Connecticut farms, Union county, were poisoned on Monday last by eating toadstools by mistake for mushrooms. One of the party, Miss Emma Baker, of East Orange, died to-day, and two others are dangerously ill." If the physicians who attended these cases had subscribed to and read the *REPORTER*, they would have saved these patients by the timely administration of atropine or daturine (see cur. vol. p. 175).

### Animal (Heifer) Vaccination.

According to the Report of the Milan Committee for Animal Vaccination, there have been vaccinated under their auspices during the

period 1869-75, 69,740 individuals, 11,608 of these being primary vaccinations, and 58,832 revaccinations. Of the 11,608 vaccinations, 8912 exhibited genuine results, and 115 spurious results; in 288 no effect was produced, and in 2293 the results were not verified. Of the 58,132 revaccinations, 18,169 furnished genuine results, 3847 spurious results, and 22,960 no results at all—the remaining 13,156 not having been verified. After trail of all the various means for the preservation of the lymph, most decided preference is given to glycerine.

#### The "Geneva Cross" in Turkey.

The "red cross" of the Geneva Convention is not appreciated among the Bashi Bazonks. Dr. Lenk, an Austrian Surgeon, was captured on one of the battle fields and brought before Assef Pacha. The latter, mistaking the red cross which the Dr. hastened to display as a bold insult to the crescent, cut him down with his scimeter. Several other surgeons met the same fate, through a like misapprehension.

#### German Society of Physicians and Naturalists.

This society met in Hamburg, Sept. 18. The attendance was large, and the papers of much interest. We shall at an early date present abstracts of some of them.

#### Personal.

—Joel S. Oatman, an old physician of New York, died in that city on October 1st. Dr. Oatman was born in Rutland, Vermont, in 1807, and came to New York at an early age, where he acquired a fortune in the pursuit of his profession. He was an early and late friend of Horace Greeley.

—Mrs. Susan Perkins, known as "Aunt Susy," died on the 29th ult., at Sucasunna, New Jersey, aged 101 years.

—Dr. P. L. Greenleaf, a prominent physician in the valley of the Juniata, died in Thompsonstown on Monday.

—Madame Girard de Grandoignes, aunt of the celebrated savant and academician, Flour-ens, died recently in Paris, aged 106 years.

—Dr. Simon, Professor of Surgery in the University of Heidelberg, died on August 27th, at the age of 52.

#### Items.

—In the latter part of March from fifty to sixty deaths took place daily at Rio de Janeiro, from yellow fever.

We learn from *L'Union Médicale* that the building of the new Hôtel-Dieu in Paris is being actively pushed on. The old Hôtel-Dieu is to be demolished before the opening of the Exhibition in 1878.

#### QUERIES AND REPLIES.

##### Spontaneous Orgasms.

A correspondent in New York wishes suggestions to control spontaneous nocturnal orgasm. The patient is a widow, aged 35. Health feeble, uterus normal, slight dyspepsia, bowels regular, no local lesion. Has tried, internally, all the narcotics and tonics usually exhibited.

We suggest vaginal and rectal pessaries of belladonna, liq. plumbi subacetat, or opium, with decided counter-irritation on the lower back, over the origin of the genito-crural nerves. The experience of others will be welcome.

J. D. V., of Indiana, asks what best will conceal the bitter taste of quinine. The most popular articles are liquorice powder, strong black coffee, and maleic acid.

J. G. C., of Pennsylvania.—"Will some of your subscribers inform me, through the MEDICAL AND SURGICAL REPORTER, of a good female seminary in the South, where the climate is mild and healthy during the winter months?"

#### BIRTHS.

—GARRISON.—At De Witt, Arkansas, September 20th, 1876, Flint Garrison, son of Dr. J. B. and Mrs. Gulsere Garrison.

#### MARRIAGES.

GREENLEAF—SAWYER.—At the residence of the bride's father, September 28th, 1876, Stephen Greenleaf, M. D., of Bloomfield, Iowa, and Miss Mary Lillian, daughter of S. H. Sawyer, M. D., of Unionville, Iowa.

DEIHL—CHARDON.—On Monday, September 18th, at the residence of the bride's mother, Ellen R. Chardon, by Rev. William T. Eva, Dr. Howard Deihl, of Gettysburg, and Hattie W. Chardon, of Philadelphia.

DREW—BEACH.—In Saybrook, Conn., Wednesday, October 4th, at the residence of the bride's mother, by Rev. J. E. Heald, Dr. Frank H. Drew, of Salem, Conn., and Isabella Ives Beach.

GRAVES—LANDSDOWNE.—At Greenville, Ohio, September 21st, 1876, Dr. S. G. Graves, and Miss Lucy G. Lansdowne.

HOWE—BAILEY.—In Northfield, September 5th, by Rev. William S. Hazen, Herman J. T. Howe, M. D., and Lucy S. Bailey, both of Northfield.

RICHARDSON—NEVINS.—On the 28th of September, by Friends' ceremony, Dr. Elliott Richardson and Achsah W. Nevins, both of Philadelphia.

STONE—GILROY.—On the 3d instant, at St. Matthew's Protestant Episcopal Church, by the Rev. D. O. Kellogg, D. D., Edward R. Stone, M. D., and Virginia, only daughter of W. L. Gilroy.

YOUNG—ALLEN.—At Christ Church, Bordentown, N. J., on Thursday, October 5th, 1876, by Right Rev. John Scarborough, D. D., assisted by Rev. N. Pettit, Dr. Irene D. Young, and Bertha B., daughter of the late Colonel Joseph W. Allen, both of Bordentown, N. J.

#### DEATHS.

HUNT.—September 25th, at No. 43 West 36th street, D. Brainard Hunt, M. D., aged 30 years.

SHELMERDINE.—In this city, on the 23d ultimo, Robert C. Sheldmerdine, M. D., in the 77th year of his age.

OATMAN.—In New York, on Monday morning, October 2d, Joel S. Oatman, M. D.

SMITH.—At the residence of his son, Dr. Henry M. Smith, Spuyten Duyvil, on Tuesday, October 3d, John T. S. Smith, aged 71 years.